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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10531168 | <b>Applicant(s)/Patent Under Reexamination</b><br>SCHUMANN, BERND |
|   | <b>Examiner</b><br>Thomas P Noland         | <b>Art Unit</b><br>2856   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 73                 |                                   | 1.06     |  |  |  | F                            | 0 | 1 | N | 11 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | G                            | 0 | 1 | N | 15 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 436                | 10                                |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 702                | 116                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 14       | 15    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 15       | 9     | 32       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 16       | 16    | 33       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 21       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 23       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 24       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 25       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 26       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 17  | 27       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 28       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 19  | 29       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |                              |                              |                    |
|---|------------------------------|------------------------------|--------------------|
| NONE  |                              | <b>Total Claims Allowed:</b> |                    |
|   |                              | 19                           |                    |
| (Assistant Examiner)<br>/Thomas P Noland/<br>Primary Examiner Art Unit 2856<br>(Primary Examiner) | (Date)<br>10/27/08<br>(Date) | O. G. Print Claim(s)         | O. G. Print Figure |
|   |                              | 1                            | The                |